POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/582,728-Conf. #4669
	Filing Date	June 14, 2006
	First Named Inventor	Alberto Osio Sancho
	Title	TREATMENT OF OPHTHALMIC CONDITIONS
	Art Unit	1615
	Examiner Name	Humera N. Sheikh
	Attorney Docket No.	O0327.70000US00

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

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☐ Firm or Individual Name	
Address	

City		State		Zip	
Country		Telephone		Email	

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature	_(signature)_	Date	10/28/2010
Name	Alberto Osio	Telephone	(619)554-1325
Title and Company	CEO, Osio Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ___1___ forms are submitted.

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